**Application or Docket Number** 

Effective October 1, 1997										
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMA TYP	LL ENTITY	OR	OTHER THAN OR SMALL ENTITY	
			R FILED	NUMB	NUMBER EXTRA		FEE		RATE	FEE
BASIC FEE							395.00	OR		790.00
TOTAL CLAIMS 2			minus	· 20 = * 人	4	x\$11=	=	OR	x\$22=	88
INDE	PENDENT CLA	AIMS (	2 minu	is 3 =   * (	3	x41=	:	OR	x82=	246
MULTIPLE DEPENDENT CLAIM PRESENT +135=								OR	+270=	7 17
* If the difference in column 1 is less than zero, enter "0" in column 2							-	OR	TOTAL	1124
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL ENTITY		OTHER THAN OR SMALL ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSL PAID FOR	PRESENT Y EXTRA	RATE	ADDI-	,	RATE	ADDI- TIONAL FEE
	Total	. 24	Minus	**24	=	x\$11=	<b>=</b>	OR	x\$22=	-
	Independent	. 7	Minus	*** 6	=	x41=		OR	x82=	0180
A	FIRST PRES	SENTATION OF	MULTIPLE	DEPENDENT	CLAIM	+135=	=	OR	#270≥	
(Column 1) (Column 2) (Column 3)						TOTA ADDIT. FE		OR	TOTAL ADDIT. FEE	18 pm
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSL PAID FOR	PRESENT Y EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=	x\$11=	=	OR	x\$22=	
	Independent	*	Minus	***	=	x41=		OR	x82=	
٨	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+135=	=	OR	+270=	
(Column 1) (Column 2) (Column 3)						TOTA		OR	TOTAL ADDIT. FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSL PAID FOR	PRESENT Y EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=	x\$11=	=	OR	x\$22=	
	Independent	*	Minus	***	=	x41=		OR	x82=	
٨	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						=	OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  TOTAL ADDIT. FEE  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										

FORM PTO-875 (Rev. 8/97)